## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Electronic Version v05 Stylesheet Version v05.0

Title of Invention	BIOINFORMATICALLY DETECTABLE GROUP OF NOVEL VACCINIA REGULATORY GENES AND USES THEREOF
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First Named Applicant : Attorney Docket Number : Dr. Itzhak Bentwich

I hereby appoint the registered practitioner named below:

Name	Registration Number
Mr. Mitchell B Wasson	27,408

as my attorney or agent to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

I am the Applicant/Inventor.

Full Name of Applicant of Record:

Dr. Itzhak Bentwich	
Signature: ZB	Date: 2003-10-30

Docket No.

## **Declaration and Power of Attorney For Patent Application** English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

the specification of	which	
(check one)		
is attached here		
□ was filed on		as United States Application No. or PCT International
	ed on	
		(if applicable)
		derstand the contents of the above identified specification,
		mendment referred to above.
I acknowledge the	duty to disclose to the	mendment referred to above.  United States Patent and Trademark Office all information ity as defined in Title 37, Code of Federal Regulations,
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statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

connected therewith. (list	7: As a named inventor, I hereby appoint the following as a application and transact all business in the Patent and T trame and registration number)	ttorney(s) and/or rademark Office
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	ITZHAK BENTWICH	
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Full name of second inventor, if any		
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